



**DEVELOPMENTAL DISABILITIES PROGRAM
ADMINISTRATIVE REVIEW**

(To be completed at the conclusion of a Final Investigation or Triage Review)

Agency Name:	
Person's Name:	

Date Investigative Report Received: _____

☐ FIRF

☐ Triage

Description of the Incident as reported:

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| 1.) Were the provider agency and DDP policies followed in this incident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) Were notifications made within appropriate timeframes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) Were protections provided to victim(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.) Was the investigation thorough and included enough information to answer the investigatory questions adequately? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.) Was the investigation completed within required timeframes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.) Was the incident a result of a failure to follow federal regulation, Montana statute, the Administrative Rules of Montana, and /or the provider agencies' policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.) Was there adequate staff present to ensure health and safety? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.) Was the staff adequately trained in the components of the person's plan of care to ensure health and safety? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.) Did the staff follow the provisions in the place of care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10.) In the conduct of this investigation, were all applicable federal regulations, Montana Statutes, Administrative Rules of Montana, and/or provider agency policies followed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Administrative Findings: ☐ Confirmed based on evidence
☐ Not confirmed based on evidence
☐ Inconclusive

Provider Agency Recommendations:

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Provider Agency Requirements:

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Provider Actions Taken Based on Investigation:

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Agency Administrator/Chair of IMC (or RM for QIS Investigation)

Date

Review Status:

☐ To be continued ☐ Closed